

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1843.

BOSTON:

PRESS OF JAMES LORING.

1844.

REPORT

OF THE

BOARD OF TRUSTEES OF THE MASSACHUSETTS GENERAL
HOSPITAL, PRESENTED TO THE CORPORATION AT
THEIR ANNUAL MEETING, JANUARY, 1844.

THE fifth section of the Act of 1810, chapter 94, enacts that the "General Hospital shall be under the direction and management of twelve Trustees, who shall be chosen annually, and shall remain in office until others are chosen and qualified in their stead."

By the 8th and 9th Articles of the By-Laws, a Committee of the Trustees is required to lay before the Corporation at their annual meeting the accounts of the Treasurer made up to the last day of December in each year, together with a written report thereon, and upon the general state of the institution, "comprising a statement of the number of patients admitted and discharged during the year at each department, and an account of the receipts and expenditures in each department,"—and the subscribers having been appointed, "a Committee of the Board," in compliance with the provisions of the 9th Article, have attended to the duty enjoined upon them by the above requirements, and beg leave accordingly to report.

That they lay before the Corporation ; I. A schedule of the funds of the Massachusetts General Hospital, Dec. 30, 1843, furnished by the Treasurer, by which it appears that the sum of one hundred and eighteen thousand six hundred and eleven dollars and seventy-five cents is invested in real estate and personal property, including the cash balance of nine thousand seven hundred and seventy-five dollars and fifty-nine cents ; and as this

latter sum will, no doubt, be forthwith applied to cancel the only debt of the Corporation, and thereby stop interest, the whole may be considered as productive.

In this schedule, which it is important to examine, the Corporation will recognize several items, to which their attention must have been directed heretofore, and from which no proceeds have been expected to be realized for several years. They are now carried out in blank, and diminish the comparative footing of this year's schedule in a nominal amount, as follows, viz.:—

21 shares Eliot Manufacturing Company, (cost,)	\$14,266 67
6 do. Worcester turnpike, - - -	200 00

The Treasurer has also reduced the valuation of

5 shares in the Boston Manufacturing Co., -	375 00
13 shares in the Malden Bridge, - - -	3,250 00

He has increased the valuation upon the 12 shares in the Merrimack	Total, \$18,091 67
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Manufacturing Company, - - -	\$2,160 00
And upon the Real Estate, - - -	2,000 00
	<u>4,160 00</u>
Difference against this year, - - -	\$13,931 67

Against this sum, the Corporation will

find also, the cash balance for this year to exceed that of the last by	\$5,486 70
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And a diminution of their note of

Jan. 15th, 1838, from \$20,000 to \$10,000	00
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From another source, to which the

Committee will ask your attention before the close of their report, an addition has been made to the cor- porate property of - - -	\$10,000 00
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From this sum - - -	\$25,486 70
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deduct Treasury Notes cashed, -	3,000 00
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And the amount - - -	\$22,486 70
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is balanced by the gain of - - -	8,555 03
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	<u>\$22,486 70</u>
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We have carefully examined all the certificates of stock in the schedule, the lease of the Real Estate, the Indentures of deposits in trust, and the Bank-book of the Treasurer, and find them to correspond accurately with his schedule and accounts. Some of the items might bear a higher valuation, in our estimate, than he has given them.

II. The Committee also lay before the Corporation the Treasurer's account current for the year 1843, made up to Saturday, December 30th, which, as will appear by the annexed certificate, has been carefully examined and found to be correctly cast and properly vouched.

The first inference from this account, to which the Committee would draw your attention, is—that while the sum of ten thousand dollars has been paid into the Treasurer's hands by the Steward of the Asylum, that department has drawn from the Treasurer, for its specific objects, no more than the amount of three thousand seven hundred and thirty-two dollars and fifty cents.

Second ; the income derived from the property of the Corporation for the last year, has been as follows, viz. :—

Real Estate, 12 months rent, (taxes and repairs					
paid by tenant,)	-	-	-	-	-
					\$1,000 00
Income from funds,	-	-	-	-	-
					8,167 00
					<hr/>
					\$9,167 00
Less interest paid,	-	-	-		\$1,200 00
Difference in insurance, seven years					
premium,	-	-	-	-	12 72
					<hr/>
Net,	-	-	-	-	-
					\$7,954 28
The Mass. Hospital Life Insurance					
Company paid the Hospital,	-	-	-		5,000 00
And the donations amounted to	-	-	-		10,762 37
					<hr/>
					\$23,716 65

Amount brought over,	-	-	\$23,716 65
Deduct balance of expenses over net receipts			
	8,782 95		
from the Asylum,	-	6,267 50	\$2,515 45
Total funds at the disposal of the Trustees,	-		\$21,201 20
Which has been disposed of as follows, viz. :—			
Specially invested in Massachusetts			
Hospital Life Insurance Company,			
as directed by the donor,	-	-	\$10,000 00
Part of the Note of \$20,000 paid,		10,000 00	
Paid for extra repairs, ventilation, &c.		1,000 00	
Cash on hand more than last year's,		5,486 70	
Add amount of Treasury Notes cash'd,			3,000 00
“ sum received for free beds,	-		2,200 00
“ reimbursement of tax by tenant,			85 50
			<hr/>
		\$26,486 70	\$26,486 70

The interest on the balance of the Corporation note \$10,000, dated Jan. 5, 1838, and originally \$20,000, will be charged in next year's account; and the \$1200 charged in this year's account, Jan. 16th, 1843, was for the previous year. Your Committee are in hopes that, before this report is read, the balance of that note will be paid.

The Corporation will perceive that the sum of one thousand dollars has been charged, Oct. 4, 1843, for repairing furnaces and ventilating building, per order of Committee of Trustees. The defective ventilation of the west wing of the Hospital had become a matter of such serious complaint, that the Trustees felt bound to apply a remedy as soon as consultation with the most experienced members of the medical faculty, and the opinion of architects, who had paid attention to that subject should warrant the probability of success. A special Committee was therefore appointed on the 19th day of April, as will appear by reference to the records of that date, who, after a thorough investigation of the subject, proceeded to carry into effect the salutary and suc-

cessful alterations, which are now complete, and have been, we believe, approved by every one, who has had any connexion with that part of the building. The sum of \$1000 now charged, is however only in part, the residue amounting perhaps to as much more, will be charged in next year's accounts.

With regard to the "general state of the institution," (the next subject, upon which it is the duty of your Committee to report,) we have to remark that, 1. The laws of the Commonwealth; 2. The By-Laws of the Corporation; 3. The Rules and Regulations for the Hospital; and 4. The Rules and Regulations for the Mc Lean Asylum—constitute a code, in which the duties of every person, connected with the administration of any and every department of the institution, are plainly stated. A pamphlet comprising the whole body of those laws, articles, rules and regulations, has for a long time, been published, and the practice of the officers of the institution, in accordance therewith, has gradually produced a uniformity of conduct and a system of operations highly satisfactory to the Trustees. An exact regularity seems to have now become almost habitual. Examinations are easily conducted, questions are promptly answered, records instantly produced, accounts punctually rendered, explanations immediately given, cleanliness, order, kindness and tranquillity seem to prevail. The Trustees feel a confidence in pushing their inquiries, whenever a variation from usual appearances attracts their attention, and they are met with a readiness to respond to investigation, which could not be counterfeited, and which could not exist with any selfish causes for concealment, or with any interest to pervert the truth.

The Trustees believe that they have exercised the usual degree of vigilance this year over both branches of the institution. All the weekly visits have been made by the Committees of the month and the quarter-yearly meetings have been generally attended.

Their investigations have not been limited to the walls of the buildings under their care. In the few cases, in which complaints have been made, wherever the slightest possibility of

foundation has been manifested, the subject has been thoroughly sifted by an appeal to the friends and relatives of the patient, and a resort to all the testimony which could be produced. The interest of the Trustees is the interest of the public in general, and of the patients in particular ; and they cannot believe it is possible that any patient, either in the Asylum or Hospital, could be maltreated or neglected without the speedy detection of the Board. Their visits have been made at unusual and unexpected hours, the household arrangements have been searched into, the stores and food inspected in the larder and upon the tables, and the comfort of each individual, capable of understanding, has been made the subject of personal inquiry ; and the Trustees believe that the confidence, which they feel in their officers, so far from inducing them to trust too much, rather encourages them to follow up as minutely as possible the particulars of every case.

The Committee are not aware that they have any intelligence to communicate respecting the general state of the institution, other than the remarks they have already submitted, and the facts represented in the reports from the Asylum and Hospital, which accompany them and are herewith presented.

The Trustees have thought that they owed to posterity as well as to the memory of the generous patrons of this noble charity, a perpetuation of the names of its many benefactors. The munificent liberality of our GLORIOUS COMMONWEALTH, and the princely donations of eminent individuals, are not the only testimonies of a truly Christian and philanthropic spirit in the community. The wealth, which is now healing the wounds and consoling the spirits of so many of our sorrow-stricken fellow creatures, has been poured into our treasury by a most general contribution. There is scarcely to be found a profession or trade, in the whole range of the various pursuits of mankind, that does not exhibit its representative upon the catalogue of our benefactors. The Trustees could scarcely hope to obtain a correct list of their names, at this late day, (although a book for the purpose of containing them had been long ago commenced by one of the earliest friends of the institution, now deceased,) for

the payments into the treasury were often made by others than the actual subscribers ; so that the prospect of presenting a perfect account was most discouraging, and as the task was pursued, the difficulties seemed to increase at every stage. One of the gentlemen of the Board, however, having expressed a willingness to carry out this investigation to as certain a result as could be attained, the whole subject was committed to him, by a vote of the Trustees on the second day of April, and in our records of the fifth day of November, you will find his report in a letter, from which we beg leave to present to the Corporation the following extracts.

Extract from a letter from H. B. Rogers, Esq., being his report as a Committee appointed to complete the list of subscriptions, donations and legacies, commenced by Col. Joseph May.

“ To the subscription list, I have added a general summary, and also a complete record to this date of all ‘ legacies, devises and donations,’ and of the annual subscriptions for the support of free beds.

“ From the record as now made up, it appears that 1191 persons subscribed to the Hospital and Asylum, - \$131,269 21

“ That there was received from public exhibitions, concerts, and incorporated bodies, among which are comprised 24 religious societies, 12 towns and 5 benevolent associations, - - 15,723 36

Total, \$146,992 57

“ Of which amount, \$45,373 34, was specially subscribed for the Asylum.

“ That there have been bequeathed, devised & given, 388,098 68

“ That there has been received from annual donations for free beds, - - - - - 46,657 00

“ Thus raising the gross amount received in various ways from the *public*, from the commencement to this date, and without including the right of the Corporation to the profits of the Massachusetts Hospital Life Insurance Company, to the magnificent sum of - - - - \$581,748 25”

These gratifying results exhibit a scale of generosity, of which it would be unreasonable to expect an extension; but although the enthusiasm, which first called the institution into being, has no longer the charm of novelty, the Trustees have nevertheless received a memorable demonstration, that its progress and prosperity is as dear as ever to the hearts of our charitable fellow-citizens. At the meeting of December 3d, the Trustees received a letter from William Appleton, Esq., enclosing the sum of TEN THOUSAND DOLLARS, to be appropriated for the purpose of affording aid to such patients in the Mc Lean Asylum, as from straitened means, might be compelled to leave the institution without a perfect cure.

A more welcome donation, or one more essential to the perfection of a plan for complete relief, could not have been devised.

The Committee refer the Corporation to the records of that day for the communication at large, and for the votes of the Trustees upon this highly important addition to the means of usefulness thus placed in our possession; and the Treasurer's accounts have already shown that the direction, intimated by the generous donor, has been pursued in its investment. It now constitutes "The Appleton fund for the relief of the Insane."

Neither have our good friends the contributors to the free beds forgotten the poor. The Humane Society, and the well known names which appear upon the Treasurer's accounts, have not relinquished this certain but unostentatious mode of alleviating the sufferings of the unfortunate and unknown, and of bestowing charity, where the sense of obligation cannot be imposed nor the voice of gratitude be heard in reply.

By comparing the report of the Superintendent of the Hospital with that of last year, it appears that 365 have been admitted, being 18 more than in last year; and that 364 have been discharged, or have died, being 20 more than in last year.

The number of deaths has exceeded that of 1842, by 16; being a proportion of about *one ninth*. And the number discharged, *well*, exceeds that of 1842, by 15.

A comparative statement of the Annual Expenses.

	1842.			1843.					
Stores,	-	-	-	3,957	19	-	-	3,857	80
Wages,	-	-	-	3,450	53	-	-	3,389	54
Fuel,	-	-	-	1,018	99	-	-	923	39
Furniture,	-	-	-	1,069	04	-	-	693	02
Medicine,	-	-	-	862	91	-	-	848	43
Repairs,	-	-	-	1,712	88	-	-	741	53
Stationary,	-	-	-	74	42	-	-	13	95
Grounds,	-	-	-	21	31	-	-	12	34
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Amount,	-	-	-	\$12,167	27	-	-	\$10,480	00
Salaries,	-	-	-	850	00	-	-	850	00
				<hr/>					
				13,017	27	-	-	11,330	00
Deduct Contingent Cr.,				61	68	-	-	62	24
				<hr/>					
				\$12,955	59	-	-	\$11,267	76

The above statement for 1843, does not however include \$1000 expended for ventilation; while \$1000 of last year's (1842) repairs, were considered as *extra*. By which it appears that the expenses have been reduced in 1843, about \$687 00.

The receipts from paying patients in 1843, was \$3,171 09
 " same in 1842, was - - - - 2,650 10

In favor of 1843, - - - - - \$520 99

Taking the average number of patients at $47\frac{1}{2}$, the result is a cost of about \$4 56 for each patient per week.

The Trustees have invited the Physicians and Surgeons, as will be seen by the records of their meeting, December 31st, to suggest any changes in the management or arrangements of the Hospital, which, in their view, would increase its usefulness; and also to express their opinion of the necessity of enlarging the buildings; and the extensive alterations, which have been made for the purpose of a more complete ventilation, were hastened by the representations of the medical gentlemen.

The Committee will also notify to the Corporation, that a project for extending Charles Street, northerly, over the Flats-land of the Hospital, was presented to the Trustees at their meeting on the eighteenth day of October.

The Board of Trustees would consider the execution of any such project as a great injury to the institution ; either obliging it to incur a vast expense in filling up its land, or exposing it to an unwholesome nuisance. The free and uninterrupted access to the tide water throughout the extent of its whole western boundary, is an advantage, which, (in the opinion of the Trustees,) the Hospital ought not to relinquish.

The report of the Steward of the Mc Lean Asylum, presents a state of facts highly creditable to the management of his department of the institution. A saving of nearly forty-five hundred dollars has been made, in comparison with last year's expenses, and a list of all the stores for the year with the prices paid for them, will demonstrate that the patients must have been provided with as good food, and of as great a variety, as ought to be expected in any public institution.

A liberal sum has been expended for the additional safety of the buildings, and for the ornamental appearance of the rooms.

The Committee lay before the Corporation also, the 26th Annual Report of the Physician and Superintendent of the Mc Lean Asylum.

The Committee will make no other remark upon that report, than to invite to its careful perusal every friend of the institution, with the assurance that no one, who has ever contributed wealth or labor to establish this Asylum, can regret his contribution, when he reads there the nature of the relief which it affords, and the manner in which it is applied.

In the Steward's department, a comparative statement of the balances for 1842 and 1843, will show at a glance where a saving has been made.

<i>Balances 1842.</i>		<i>1843.</i>	
Stores, - -	10,857 02	- - -	9,267 10
Fuel, - -	1,839 98	- - -	1,043 13
Stationary, -	17 45	- - -	21 40
Wages, - -	4,838 49	- - -	4,585 11
Medicine, -	223 33	- - -	174 51
Contingencies,	647 16	- - -	711 05
Furniture, -	1,895 17	- - -	995 52
Repairs, -	846 11	- - -	1,304 32
Improvements,	2,551 01	- - -	1,085 00
Diversions, -	653 40	- - -	617 48
Abatement, -	343 48	- - -	506 63
Library, -	37 32	- - -	36 51
Stable, -	1,038 84		
Garden, -	136 44		
	<hr/>		<hr/>
	\$25,925 20	- - -	\$20,347 76
Deduct,		Deduct,	
Abatement, 343 48		Farm Gar-	
Stable, 1,038 84		den,&c., 1,283 58	
Farm, 1,272 53		Abatement, 506 63	
Boxes, 27 86		<hr/>	1,790 21
Clothing, 187 46	2,870 17		
	<hr/>		<hr/>
Remains,	23,055 03	- - -	18,557 55
Add salaries,	3,700 00	- - -	3,700 00
	<hr/>		<hr/>
	\$26,755 03	- - -	22,257 55
		Gain, 1843, -	4,497 48
			<hr/>
			\$26,755 03

All of which is respectfully submitted.

JOHN AMORY LOWELL, } *Committee.*
WILLIAM FOSTER OTIS, }

Boston, Jan. 1844.

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,
BOSTON, FOR THE YEAR 1843.

*Admitted to the Massachusetts General Hospital, from January
1, 1843, to January 1, 1844.*

	Males.	Females.	Total.
Patients paying board,	118	49	167
do. do. part of the time,	9	6	15
do. entirely free,	91	92	183
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	218	147	365

Of these, 142 paid \$3 ; 11 paid \$4 ; 1 paid \$5 ; 22 paid \$6 ; 1 paid \$7 ; 2 paid \$9 ; 3 paid \$10.

Discharged during the year.

	Males.	Females.	Total.
Well,	81	55	136
Much relieved,	43	31	74
Relieved,	20	21	41
Not relieved,	34	21	55
Not treated,	9	3	12
Eloped,	0	1	1
Unfit,	2	2	4
Dead,	28	13	41
	<hr/>	<hr/>	<hr/>
	217	147	364

Proportion of deaths to the whole number of results, is 1 in 10, nearly.

Greatest number of patients at any one visit, in private rooms, 8 ; paying, 23 ; free, 33. Total, 56. Least number, 1 in private rooms ; 8 paying ; 25 free. Total, 33.

Average number of patients, 25 males, $22\frac{1}{2}$ females. Total, $47\frac{1}{2}$.

Average number of paying patients, $12\frac{1}{2}$ American, and $4\frac{1}{2}$ Foreign. Total, 17.

Average time of stay of Ward-paying patients, is 4 weeks, and of free patients, 6 weeks.

Proportion of Ward beds occupied by free patients, $\frac{5}{9}$.

Analysis of Patients.

		Pay.	Free.	Part of time paying.
Males.....	Mechanics,	37	20	2
	Laborers,	16	28	4
	Farmers,	11	7	0
	Mariners	15	9	2
	Traders,	14	2	0
	Teamsters,	3	4	0
	Domestics,	4	5	1
	Clerks,	5	1	0
	Clergymen,	3	1	0
	Lawyers,	2	0	0
	Students,	1	2	0
	Minors,	6	12	0
	Soldiers,	1	0	0

Of this number, 33 were in private rooms. 118 91 9

Females....	Domestics,	22	54	0
	Spinsters,	1	3	0
	Housekeepers,	0	0	1
	Wives,	11	6	0
	Widows,	1	2	0
	Nurses,	1	3	1
	Cooks,	1	1	0
	Minors,	6	5	0
	Washerwomen,	0	4	0
	Seamstresses,	6	12	3
	Factory Girls,	0	2	1

Of these, 3 were in private rooms. 49 92 6

$\frac{5}{16}$ of the free patients were female domestics, and nearly $\frac{3}{16}$ were male laborers, most of whom were Irish.

Annual Expenses for 1843.

Stores,	\$3,857 80
Wages,	3,389 54
Fuel,	923 39
Furniture,	693 02
Medicine,	848 43
Repairs,	741 53
Stationary,	13 95
Grounds,	12 34
	<hr/>
	\$10,480 00
Salaries,	850 00
	<hr/>
	11,330 00
Deduct Contingent Cr.	62 24
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	\$11,267 76

The whole amount of board charged to all the patients during the year, was \$8,208 87 ; of this sum there was charged to the Trustees for the board of free patients, \$5,037 78, and the balance, \$3,170 09 has been received from paying patients.

If, without deducting from the annual expense, the salaries and repairs, as has been the usual practice, the whole gross amount be divided by 52 (the weeks,) and this quotient by $47\frac{1}{2}$ the average number of patients, the result will give \$4 56, for the weekly expense of each patient.

JOHN M. GOODWIN, *Superintendent.*

To the Board of Trustees.

TWENTY-SIXTH

ANNUAL REPORT

OF THE
PHYSICIAN AND SUPERINTENDENT OF THE McLEAN ASYLUM
FOR THE INSANE, TO THE TRUSTEES OF THE
MASSACHUSETTS GENERAL HOSPITAL.

IN compliance with the regulation requiring the Physician and Superintendent of the Asylum to lay before your Board previously to each annual meeting, "a general view of the institution and of its results for the whole year," I would respectfully report that during the year just closed, there have been under its care two hundred and sixty patients, one hundred and thirty-three of whom were males and one hundred and twenty-seven were females.

One hundred and twenty-seven of these, seventy-five males and fifty-two females, were received during the year; the remaining eighty-one males and fifty females, were inmates at the commencement of the year.

During the same period there have been dismissed seventy-nine males and forty-seven females, making a total of one hundred and twenty-six; of these, sixty-three, being forty-three males and twenty females, were believed by us and their friends to have recovered.

Twenty-four males and twenty-one females have been removed by their friends in accordance with their own views of expediency, after various periods of residence from some years to a single day, some much improved and apparently convalescent,

others probably curable but after an insufficient trial, others improved in the form of disease and in general health, others ameliorated in manners and habits with no essential mental change, others stationary and with no prospect of relief, and some from various considerations, such as being merely cases of febrile delirium or the like, deemed as unfit for the designs of an Asylum for the insane.

Eighteen, twelve males and six females, have deceased ; nine from epilepsy and palsy, usually the sequel of apoplectic attacks previous to admission ; one from carious knee-joint ; one, as believed, from schirrous stomach ; one from phthisis ; three from acute cerebral disease ; and three from the exhaustion peculiar to the insane, occasionally reported as marasmus, debility, failure of the powers of life, &c.

There are remaining at this present close of the year, one hundred and thirty-four patients, eighty males and fifty-four females.

The numbers admitted, the average of the house, and the number at the close of the year, are almost exactly the same as during the previous year. The house has uniformly been well filled but never crowded. We never yet have been obliged to refuse any application, and in view of the hospital accommodations for so many hundred provided in New England within the last half dozen years, and the recent extended county-house improvements in this Commonwealth which will relieve the demand for a portion at least of the hospital privileges, we may confidently expect that the emergency of being obliged to discriminate or refuse applications, a source of so much apprehension a few years since, will be spared to the direction of this institution. As a gratifying proof how well the new hospitals in the adjacent States are fulfilling their functions, it may be stated that on an average for five years, before the establishment of those excellent institutions in Maine and New Hampshire, over thirty cases from those two States were annually accommodated here, while since, scarcely one has been received.

In view of the fact that all the other insane institutions, except

that under the municipal direction of the city of Boston, receive paying patients, and at prices below the lowest rates which it is practicable to consider as an equivalent for the curative and comforting means here provided, and also in view of the facilities of reaching and obtaining admission into them, it may perhaps be regarded as a little remarkable that no falling off in our average household should have been experienced.

This same circumstance of increased facilities for treating patients in appropriate institutions has, however, had a gradual but still an essential effect in changing the character of those admitted here, not only as to social position, but as to form of disease. While such abundant aids are offering on every side to accommodate citizens, not far from their own homes and at the most moderate rates of expense, in order to keep the establishment fully filled, we have been compelled progressively to adapt its accommodations to a class of inmates who have been accustomed to the more expensive habits of life. These improvements and the private character of the Asylum, (no judicial process being requisite for admission,) have led it to be the resting place of many, who a few years since would have been restrained at their own homes, notwithstanding the inconveniences and often anxiety and misery to themselves and to their friends, which such an arrangement for an insane person necessarily imposes. Many cases formerly removed to the country are now received here, as a course involving more safety and less expense to friends, while the comforts and privileges of the sufferer need not be abridged. In many cases it is much to be regretted that the priority of these attempts should not be reversed; that the patient should not be first subjected to the treatment which an institution alone can adequately afford, and, if without success, the subsequent arrangement would be less important to the sufferer's welfare.

This change in the class of cases resulting from the increased accommodations for the insane, is also severely felt in our curative results, from the comparative diminution in the ratio of patients the most gratifying to all who have the care and treatment of the insane, those with high and furious mania, which always,

as a general rule, recover promptly and most satisfactorily to the three parties interested, the friends, the patient and the institution. Such cases are usually subjected at an early period to treatment, where hospitals are at all known, from the difficulty of managing them without the most onerous restraint at home, and were often brought to us from very considerable distances. These forms of disease are of course now divided amongst some five or six institutions, as proximity or other circumstances may dictate.

The annual ratio of recoveries cannot but be, eventually, seriously influenced by this change in the character of patients. If, thus far, we have felt it but little, the reason is, that the loss has been compensated for in the greater opportunity now afforded for doing complete justice to lingering cases, in their being seldom prematurely removed,—which formerly was one of our sorest trials. The means *providentially* afforded to us for some years past to meet this exigency, and now permanently secured by the understandingly adapted benefaction of a late member of your Board have done and will do an incalculable amount of good.

Although this actively excited and uniformly recoverable class of cases are replaced by less interesting subjects, as far as restoration is concerned, still it is certain that the true ends and original design of the Asylum are no less subserved in the latter than in the former instances. To keep in safety and in as much comfort as can be provided, the hopelessly diseased, to ease the passage of the insane epileptic and paralytic in their slow, long drawn out, yet sure, progressive journey to the tomb, is certainly not less within the original scope of our benevolent founders' intentions, than to restore the curable.

There is still another class of subjects suffering under a peculiar form of aberration, affording less satisfaction as a general principle, than the wildest maniacal sufferers or even those cases uniformly ending in paralysis and death, which each year we are increasingly obliged to accommodate. As it is a form of disease perhaps most frequently developed amongst a city population, we probably experience more than most institutions in its care. I

refer to that, a prevailing feature in which, more or less complicated with, or even without some intellectual aberration, is an insane perversity of the moral sense—often presenting the fact of great insanity of conduct with perhaps little or no insanity in conversation. Of the existence of this aberration as a true form of insanity—the sequel perhaps of actual mania, or alternating with that or some other phase of mental disease, and occurring in families with hereditary predisposition to some mental disease—I may have occasion to speak further in another part of this report.

Of the genuineness of the insanity of such of these subjects as have come under our care, there has been no doubt on the part of their friends, of the Trustees, or of the Physician. Still kept in regular habits, under a firm yet mild disciplinary regimen, they present little or no aberration of mind to the superficial observer; they evince ordinary intellectual power, converse well, present few or no peculiarities in manner or deportment, when they elect to be upon their good behavior. They however generally manifest in minor personal habits and peculiarities an obvious analogy to the habits of common well marked insanity—in their private and unwatched hours they give vent to evidences of their laboring under a closer approach to open lunacy than would be suspected by a casual visitor or common street acquaintance. They are usually restless, mischievous and troublesome, throwing a most injurious influence around them, delighting in thwarting the benevolent efforts of others, and never so happy as in rendering others about them miserable. They are fully aware that they differ from the ordinary cases of insanity, which they see around them and which they fully comprehend, and therefore believe that their detention is a wanton and unnecessary restraint upon their personal freedom. They often owe their fate to original moral and mental misproportion, unchecked by proper education, and exaggerated by uncontrolled early self-direction of their own habits and propensities. Hence never having been accustomed to be restrained or curbed in their actions, anything like acquiescence in the necessary regulations of an Asylum is exceedingly irksome.

At other times the disease is manifested in a sudden paroxysm, in which the entire character, disposition and deportment of the individual undergoes a marked change, almost to the loss of his psychical identity. A stranger seeing the sufferer for the first time, would perhaps recognize him only as evincing bad judgment, bad disposition and bad taste, while those who had from long acquaintance an opportunity of *comparing him as he is, with his ordinary habitual characteristics*, would not hesitate to attribute the wondrous change to its true cause—insanity.

No indulgences, no proper extent of liberty, no unremitted attentions to even unreasonable requirements, have the slightest effect in satisfying them. In fact neither prior or subsequent to their admission, has the state of their minds allowed them to find that consideration and success, to which they believe themselves eminently entitled. Their admission here has sometimes been preceded by conduct which were it not for their irresponsible state of mind, would render them obnoxious to the penal laws, or at least to preventive measures of law. At times, their friends worn out by the urgency and importunateness of their demands for release, or giving some credence to promises which although perhaps sincere, are rarely unbroken, conclude to give them a trial of their liberty. Or perhaps the institution perplexed by their pernicious influence upon the discipline of the house, solicits that a trial should be made, trusting that the dread that such subjects must have of any institution or individual who exercises any control over them, may induce them to regulate their conduct so cautiously as to prevent the necessity of a return. A few weeks or a few months, during which they have the uncurbed reins of their own movements, usually sees them returned to our care.

The institution has never retained these or any other forms of disease compulsively, unless it has been felt that there was abundant evidence of their being proper subjects, and thus far, in an experience of over a quarter of a century, never has come in contact with those laws which, with such just caution, guard the liberty of the citizen from unjust encroachment.

The Superintendent speaks of this part of his duties in no spirit of repining, but from the feeling that he cannot comply with that part of the rule requiring him to report the "state of the institution," without an allusion to it.

It is also probable that this is one of the functions of the institution which each year will see progressively augmented, as the rapidly increasing population of our neighboring city cannot but continue to furnish such subjects. Such unfortunate sufferers must for the protection of themselves and friends be kept somewhere. As it is scarcely probable that private madhouses will ever be established in this country, we must expect that ours must be, in part, the duty of fulfilling this guardianship; a duty not to be repudiated or evaded although a half dozen such patients occasion more trouble, more hazard and more insecurity, than twice the number of the wild, chaotic or demented—than galleries of ordinary inmates.

I might also remark in this connexion that the experience of this, and I presume of other institutions, always has been, that all the scandal and abuse to which they are subjected, originates in the patients of this class and the uncured sufferers of other forms of disease, who are temporarily at large. Insanity can hardly be expected to improve the truth or the morals of its victims—it may make men worse but can hardly be supposed to make them better.

It would however be unjust to forget that weighed in the balance with the grateful recognitions of recovered patients which it is our happiness almost weekly to receive by letter and visit, the preposterously malicious and ridiculously absurd detractions to which, in common with their nearest friends, the institution has occasionally to submit from unrestored patients at large, are scarce worth this passing notice.

In the ordinary operations and experience of the institution during the past year there has been little of incident and nothing of unusual event to communicate. Each day has brought its round of cares, anxieties and gratifications, while none has been marked by suicide, serious accidents, elopements or any other

form of painful dispensation. Notwithstanding the mortality has been in a higher ratio than during any previous year of my direction, still we have by no means had as great an amount of sickness as usually has occurred. A glance at the nature of the diseases which have closed life, will show that the greater portion have been those lingering and necessarily fatal maladies, which in their progress scarce present the character of sickness and in which medical treatment may suspend and relieve symptoms, but never cures.

No considerable change has been made in the general mode of care and treatment,—the guiding star of our system has, as far as possible, been kindness and occupation ; how far this system has been carried into active and successful operation, the never omitted weekly inspection of your visiting Committees, charged under the Rule that “ at each stated visit they shall see each boarder in the Asylum, excepting those who would in their opinion be injured thereby ; and they shall examine carefully the state of every part of the establishment and ascertain whether its officers and attendants fulfil their duties faithfully and humanely ;” will enable your Board better to judge, than any opinion of those more directly interested in such decision.

Many changes and improvements in the minor details and internal economy of the household have been gradually introduced within the last two or three years, as the changing character of our inmates has rendered it expedient, and our experience in improving the style of the patients’ conveniences and accommodations has been in some respects so novel and interesting, as perhaps not to be unworthy of mention.

While the institution has been so liberally remunerated by the friends of many patients, occasionally the whole income of a ward or relative being allowed to pass to its benefit, we have felt bound to provide every means of convenience, comfort and even luxury which the safety and welfare of the whole establishment would permit. Over more than a half of the galleries of the Asylum we have introduced carpets, paperhangings, curtains, time-pieces, looking-glasses, toilet tables, wash-stands, and articles

of mahogany furniture and table furnishings customary in genteel families. The results of this experiment justify the assertion that the amount of damage is less than would occur in an ordinary hotel. This safety of moveable furniture does not depend either upon the constant presence and care of the attendants; in the sleeping apartments of these galleries, the common swell-beam French bedsteads with toilette tables and washstands of the most fragile construction, to the extent of accommodating one-half our boarders have replaced the strong and peculiar articles, formerly deemed essential in an insane institution, and in two or three years use, not one has been intentionally destroyed.

From the financial condition of the institution justifying the provision of a body of intelligent and trustworthy assistants, regulated as to number only by the extent to which they can be usefully employed, we have been enabled to dispense with all forms of personal restraint, to as great an extent as the substitution of personal attendance will permit with expediency. I am still well satisfied, as intimated in former reports, that no amount of human aid will always render the entire disuse of personal restraints advisable. There are certain forms of propensity to suicide, to self-mutilation, to protracted standing on the feet rapidly tending to fatal exhaustion in the debilitated, where the proper application of fit apparatus is the kindest, safest, as well as the most, and indeed only, efficacious appliance. The instances of such necessity are, and should be, rare exceptions to a general rule, but though rare, they are believed to be imperative, if the sufferer's best good is alone regarded.

Nothing would be easier than to adopt the system of entire disuse of restraints, so much agitated in Great Britain on both sides, in this institution. Perhaps months might pass away with no apparent drawback upon its success, but whether I should have the satisfaction, as at present, of repeating year after year, that the institution had had no painful accidents to lament, would be very questionable. At all events, with my present impressions of duty, I am not disposed to run the hazard.

It perhaps may be a new idea to those who are not acquainted

with the internal regimen of our New England institutions, that it is not the violent, furious, maniacal cases which are ordinarily subjected to personal restraint. To these under proper architectural provisions, this is rarely ever necessary, and almost always injurious. An appropriate large sized strong room, a long gallery without moveable furniture, with the windows protected by cross screens at the ends, a cautious attendant permitting the excited subject to work off his irritability by sawing wood or some similar laborious exercise, all serve the purpose of calming and restoring such patients, while personal restraints exasperate and protract this stage of disease. It is in the cases referred to, where the sufferer is disposed to torment his own person, to swallow injurious substances, to mutilate himself, to indulge in perverse habits, that there is a call for some restraining measures.

With us, the patient is scarce ever subjected to personal restraint for the safety or protection of any one but himself; never for the convenience or security of those having the care.

Fortunately in this country, there never have been in the institutions any abuses, nor under the thorough system of governmental inspection which all our public establishments have secured to them, is it scarcely possible that there ever can be, any abuses in this regard, requiring that the feelings of the community shall be propitiated by the affectation of "disusing all forms of personal restraints," that is, restraints to the muscular movements of the patient, for the phrase, as used abroad, means nothing further than this. This is especially fortunate, for the abandonment of such means necessarily involves the occasional direct employment of human strength in controlling the insane—a method against which, a little practical acquaintance with the subject speedily demonstrates that man's spirit rebels a thousand times more intensely and unceasingly than in opposition to mere material bonds.

It also implies the substitution of a form of actual personal restraint, that of shutting the patient up in a strong room, or Seclusion, as it has been somewhat technically called, no less galling, totally useless in cases where suicide or self-mutilation

are to be guarded against, and if long persisted in, calculated to induce vicious personal practices.

The inquiry may be made how certain intensely suicidal sufferers are protected in those institutions abroad, which congratulate themselves, a little arrogantly it is to be feared, on having dismissed all bodily restraints?

The only reply which I have found to this natural and important question, is contained in the Annual Report of one of the largest of the English Hospitals, managed for some time past on this system, where the practice of locking another patient into the sleeping apartment of the suicidally disposed, is acknowledged and strongly recommended. My mind regards such a mode of practice with greater abhorrence than even the once used chains or strait-waistcoats. I will say nothing of the fatal accidents, of which this country has not failed to afford instances, resulting from the insane being confined together; I will not urge the unspeakable enormities which are avowed to prevail in some of the foreign establishments under circumstances of much less immediate contiguity; I will but refer to the sudden changes occasionally supervening in the forms of diseased manifestations, making it impossible with whatever knowledge of the patients, safely to rely upon such blind leaders of the blind.

If the worrying, mischievous, homicidal propensities of some suicidal patients, are almost beyond the forbearance of a conscientious, healthy, well balanced attendant, shall they be trusted to the uncertainty of another diseased mind? Shall even the patient in the cheapest pauper Asylum be compelled to bear in addition to his own sorrows, this most harrowing of all responsibilities, that of a fellow being's life? For of course, any one who had mind enough left to be any safeguard, would have mind enough to be capable of suffering from such an anxious duty.

Even with the employment of the best associates, in this responsible and painful office of guarding the suicidally inclined, our experience shows that farther measures are occasionally requisite to make sure the end.

Judicious recovered patients, who have been subjected to per-

sonal restraint with us, with one accord, as far as my information extends, have coincided in approving of its propriety and expediency.

The extent to which it is practicable to reduce all the forms of personal restraint and seclusion, consistently with the true interests of the sufferer, will depend essentially upon the amount of means at the control of an institution, to replace such measures to a certain limit, with proper attendants. The degree to which it has been reduced in our experience, if exactly recorded and reported, would strike most persons with surprise. It could not, however, but be regarded as unfair and illiberal for an Asylum, whose allowances have been so liberal as ours, to set forth its experience on this head, as a standard of comparison.

I will not encumber my Report with any tables affecting to generalize the forms, causes, duration, and other characteristics of the cases of insanity, which have come under the care of the institution during the past year. No reason has presented itself to justify receding from the views presented for several years past, of the unsoundness and consequent uselessness of what are called the *statistics* of insanity. Every year's experience convinces me that those facts regarding this subject, which are capable of being arithmetically noted, are of too little moment to be worth recording at all, while those circumstances touching the duration, form, symptoms and event of cases, which would be truly important, are, from their nature, incapable of being generalized tabularly into even a loose approximation to the truth. Statistics are doubtless valuable in relation to topics where accuracy is capable of being approached, but not a legitimate mode of expressing mere opinions.

I still find it impracticable in a vast proportion of cases, to fix with any certainty the point at which the mind lost its balance, and by which the duration of disease before admission can be determined, notwithstanding the great body of our inmates are from the intelligent and educated classes of society, where facts of this sort are attainable, if at all. I still find insanity rarely produced from a single cause, so marked as to permit being tabu-

larized accurately, but by a combination or accidental coincidence of causes, moral, physical and educational. To arrange such antecedents in tables, would require the whole life, habits and health of the individual to be abstracted from the record of his history. I cannot but still recognize the absurdity of enumerating in figures the phases of disease, mania, monomania, dementia, melancholia, incoherency, and so forth, under whatever names the fancy of nosological writers may have arrayed *symptoms*, when I see a single subject the representative of perhaps three or four of these states in a single month, and a vast many vibrating from one to another year after year. For a single day, the place of each case, (except perhaps that of some few,) in this artificial system could be fixed, but a daily, and not an annual table would be necessary to convey the fact, were it worth perpetuating.

The accumulation of loose, inconsequential estimates and judgments, does not assist in the approximation towards the truth ; on the contrary, opinions being announced in numerals as if they were mathematical certainties, the tendency is rather to divert the inquiring and philosophical mind, in its search after fundamental and essential principles. It confuses the limits and bounds of truth ; it perpetuates that very inaccuracy which it appears to obviate. Medical books and hospital records are filled with the most abundant quantity of minute observations,—we ourselves have volume after volume during the whole twenty-six years of operations—yet they afford few exact principles—no generalizing basis of certainty.

Notwithstanding my strong impression of the tendency of the usual statistical returns of insane institutions to produce error and false deductions, I will not discontinue the memoranda of results during past years with us. Even such facts, from the same institution, deduced from the same principles, by the same mind, may give false conclusions regarded by themselves, irrespective of the constant change occurring annually, in the present transition state of New England, as regards provision for the insane. I give them for what they are worth.*

* Table:

During the past year it affords me pleasure to state that the internal regimen of the Asylum has been of the most satisfactory kind. Scarcely a change has occurred in the whole number of officers and assistants, and all have continued to co-operate in the discharge of their duties with zeal, faithfulness and efficiency.

The vacancy left by the retirement of Dr. Fox, the Assistant Physician, announced in my last Report, was filled by the appointment by your Board, of Chauncey Booth, jr. M. D., whose ample experience in the same capacity in connexion with two most respectable public institutions of this kind, afforded a guaranty of his usefulness and success, which has been fully maintained.

By direction of your Board, an engagement was made early in the year with the Rev. Frederick T. Perkins, to preach at the Asylum, on the evening of each Sunday. He has discharged the duty acceptably to all parties interested, and we trust that his health and duties will permit a continuance of an arrangement which has proved so useful and interesting to our institution.

In concluding the account of our last year's duties and results, I feel that I cannot refrain from acknowledging the high value which the friends of the institution must entertain of the thorough, efficient and faithful supervision which the immediate affairs of the Asylum have received from its Board of Trustees. Every suggestion for adding to, or improving its means of comforting and restoring its patients, has been most promptly and liberally granted. We have felt that in our various outlays for improving the condition of the establishment and carrying out its designs, we have been unrestricted as far as pecuniary means could avail. If the institution has in any respect failed to accomplish the greatest practicable amount of good, the responsibility must rest with its immediate direction.

It is not, however, merely in the most bountiful appropriation of means, that the hands of those entrusted in these arduous, anxious, and responsible duties, have been upheld and strengthened. For no week in twenty-six years, has the thorough inspection, required by the Regulations of the Corporation, been

omitted, a history of punctual performance of a gratuitous service which, in view of the distance of the institution, and the time required to inspect the accommodations, pursuits, and condition of such a body of insane sufferers, to hear their requests and to attend to the current business, which it will be difficult to parallel ;—a service requiring the devotion of an entire afternoon of every week to perform, besides the attention to the admission of patients and frequent consultations at other times throughout the week.

This faithful attention and thorough performance of the duty of inspection, is a guaranty to the community against such abuses, as the history of insane institutions under uninspected control abroad has furnished so many melancholy illustrations. Each inmate knows and feels the right and privilege, both in respect to himself and others in whom a real or fancied interest may be avowed, to communicate freely and privately, orally or in writing, with the Visiting Committee or the whole Board.

It is not merely as a safeguard to the rights of the unfortunate deranged and a security to the community, that this system of weekly thorough inspection is of the highest moment. It is a protection to the head and subordinate officers of the institution ;—they being obliged to retain every inmate without any specific legislation, have a right to feel that a Board of Trustees selected jointly by the highest executive authority of the Commonwealth, and the eminent representation of the moral worth of the community, which may safely be presumed to exist in the voices of the authorized contributors, and unconnected by any interest or selfish motive with the institution, will save their character and feelings from those aspersions and inconveniences, to which such duties must be occasionally liable.

In commencing my eighth year in your service, I look back upon a number of patients somewhat exceeding a thousand, who have been under my care. As this forms a body of sufferers under one disease, and that removed much from common professional treatment and observation, which would seem to be sufficiently extended to justify some general deductions to be drawn, as to the value of some indications and characteristics, I will attempt a cursory and necessarily somewhat desultory view of certain points of my experience. I present it, as perhaps not without some general interest, but more especially as due to my professional brethren.

To those not informed of the plan of the institution as regards admissions, it will be necessary to premise that it receives insane patients of all and every description. They are always committed to the care of the Asylum by the voluntary action of their friends, the only question which the institution asks being, whether they are insane. From this it results that no hospital could receive its inmates with less discrimination, or with more unpromising cases. The epileptic, the demented, the paralytic, in every form of exhaustion, and complicated with every form of bodily malady, are alike welcomed as the curable forms of mania and delusion. Believing that one of the great ends of the institution as determined by its founders, was not only the recovery of the curable and the custodial comfort of the violent and troublesome, but also the relief of friends from the painful and anxious guardianship of the helpless and hopeless insane, we have never declined or avoided receiving any case, when the requisite evidences of insanity have been furnished.

The vicinity of a large city renders it easy to place under our roof many who would not, from their exhausted and nearly moribund condition, be removed to any greater distance. Hence, beside those hopelessly diseased with the chronic forms of cerebral affection, we often have placed with us as a last resource,

and who merely add to our bill of mortality, cases of patients who have long refused food, until gastric inflammation is induced, those with the delirium of fever, and the like forms of malady. It has been understood that all who could be attended to nowhere else, were admissible to the Asylum. It is from this circumstance, as has been repeatedly intimated in the Annual Reports, that so many of the deaths occur within the first few days or weeks of residence.

There being as a general remark, no accommodations for the insane equivalent to the *private madhouses* of European countries, and happily at the present day but little reluctance on the part of friends of those in any social position, to take advantage of the liberal accommodations provided for the insane, we have also, as an offset to the circumstance of such unfavorable admissions as those alluded to, the fact that a great proportion of the cases of acute mania, are received very promptly after seizure, and an opportunity afforded for treatment under the most favorable auspices.

The patients, being received directly from their friends, are liable to be removed whenever they choose to do so. This formerly was a great and painful drawback upon the actual amount of good accomplished, for it rarely happened that a patient prematurely removed, continued to go on favorably to restoration and confirmed health, nor does a patient on being returned readily make up the lost ground—frequently indeed the progress once interrupted, never can be again resumed. Of late years, this interference of friends by prematurely removing their charge, has been scarcely felt in our results, as means of protracting the residence have otherwise been provided, in many interesting cases, where, as is almost always the case, want of funds was the impelling motive for the change.

Under all these contingents, some in favor and some against the full test of means, and doubtless subject to the fact that some patients deemed recovered, and removed by friends may have actually recovered, although only considered as improved by us, and so registered, while others considered as restored,

may not have so proved, the best judgment I can form is, that six out of every ten of all discharged, including those considered unfit, those discharged with incomplete trial, and those dying prior to the event being determined, have recovered. The number of cases where there was evidence of the patient having been wholly well at a date not exceeding six months previous to admission, which have proved intractable, is very small; certainly nine-tenths of such cases have recovered.

The form of disease which has most frequently occasioned or rather preceded death, in this, as in most institutions for the insane, has been an almost universal failure of the powers of life, admitting of no place in the ordinary nosological catalogues, but which is reported as exhaustion, marasmus, debility, or under other appellations designating a failure of the vital energies without perhaps any local symptoms, presented in any of the great systems of the constitution.

The diseases of the insane, even decided and ordinarily painful inflammations, are not commonly, perhaps are rarely, manifested by the symptoms usually present in others. The diseased fancy perverts their position or their relative importance, and in cases arrived at or approaching demency or loss of mind, the altered manner, aspect, and habits, are nearly all the indications which are externally presented of even great disorganizing changes. In the form of exhaustion referred to, many of the sufferers sink much as those in extreme age; as if the lamp of life were exhausted, without the machinery being subverted. In others again, the form that it takes is the loss of all resiliency, all recuperative energy in the combat with affections not ordinarily fatal. A slight influenza, or a little gastric derangement, appears to have lost its self-limited, self-remedying character, and involves the energies of life, notwithstanding the employment of curative means.

The next most usual cause of death with us is from epilepsy. Each year proves that this comprises over a third of our mortality. For the forms of this disease combined with derangement or imbecility of mind, our experience forces the painful

conclusion, that no medical agents have the slightest curative, or protractive, or modifying influence. Its tendency is always downward—slowly, it is true, in many cases, but always surely and uninterruptedly.

The third most usual precedent of death is a form of cerebral affection, well marked in its outward manifestations, but the pathological character of which has not been well investigated, as far as I can judge. It, no doubt, is a form of inflammation of the brain and its membranes, yet still widely removed from common inflammation or phrenitis. The character of the mental aberration is much more analogous to the delirium of typhus or the advanced stages of typhoid fever, than to any ordinary type of mental derangement. The patient is rarely violent or furious; presents in his wildness few of the peculiarities of active mania, some of which are scarce ever absent in high maniacal excitement; has momentary glimpses of recognition of familiar persons, but soon relapses into confused, indefinite, indistinct delusions, almost always of the painful kind; often has great abhorrence of taking food, from the belief that it is poisoned or uncleanly, or that taking it will do great injury to himself or the world, while this loathing is almost always connected with much gastric disturbance, and inflammation of the mucous membranes; the countenance is pale and shrunk; has no intolerance of light or sound; frequent yet feeble pulse, with great sleeplessness. When recovery takes place, the mind very rapidly regains its tone and strength. In fact, the whole symptoms and progress of the disease are more like fever than mania, yet differing too essentially from the former to be classed as such.

Each year has seen several patients under our care succumb under this train of symptoms. It is perhaps this form of death which in some institutions is ranked as death from acute mania. I presume so, from the fact of never having known mania, *per se*, a fatal disease, unless this be so considered.

The remaining causes of death have been very few, but much diversified. Phthisis has been an exceedingly rare affection. I find but two deaths from this cause amongst the more than eighty

deaths which are registered. As it almost never has happened that a removal of a sick and hopeless case has been made, I regard this as rather an extraordinary circumstance. I have known only two instances where this disease has occurred in patients after their removal. In both these, it was latent until the insanity was removed.

In regard to the curability of insanity in its different manifestations, there can be no general rule better established, than that this is directly in the ratio of the duration of the symptoms. Hence cases of violent and furious mania, of deep and suicidal depression, of dangerous and unsafe propensities, are ordinarily the most favorable class of cases received as regards restoration. Patients with such manifestations, will ordinarily be placed under care with but little delay. On the contrary, cases of less grave aspect, or where the mind is gradually and insidiously changing from soundness, or where the delusions are not of a character to involve the safety or comfort of others, will be ordinarily allowed to become chronic and confirmed before admission. In fact, some violent paroxysm or exacerbation, is often the immediate cause of such being sent from home, and this outbreak usually forms, in the estimate of the world, the beginning of their insanity.

This general rule of curability being determined by promptness of application of curative means, does not hold true in regard to that class of cases, growing more numerous each year with us, where the disease is referred back to some sudden organic injury of the brain, manifested by a *fit* of greater or less marked decidedness.

Whether the ordinary moral and physical causes determine in any degree the probability of cure, (independent of the cerebral lesions just referred to,) is perhaps questionable. It is true, we speak of cases where the cause is supposed to be a vicious personal habit, as eminently beyond the reach of means. The true reason probably is, that the progress of disease in such cases is so insidious, its manifestations for a long period so obscure, the disease itself inducing great secretiveness on the part of the suf-

ferers, that they rarely come under the treatment of an institution until they are really old and fixed cases.

The experience of this institution in the number of examples before alluded to, in some of the most common forms of disease, has been as follows : In the insanity connected *with the puerperal state*, the characteristics of disease are so wild and furious, as usually to require an early subjection to Asylum treatment, and it rarely occurs that such cases do not recover. The symptoms are ordinarily of the most violent form ; the conversation is wild, obscene and chaotic ;—the patient is destructive, sleepless, and vociferous. The intensity of diseased action would appear to threaten life from its continuance ; from day to day there seems an imminent hazard of the patient's sinking, yet in our experience no patient ever has done so. This perhaps, may be in part from the fact that such cases are peculiar to that period of life, when the recuperative energies of the constitution are strongest.

This class of patients is ordinarily the most pleasant and satisfactory, as far as results are concerned, of any that ever enter an Asylum. The recovery, often protracted, is always entire ; no distortions, weaknesses, or eccentricities of mind are apt to be its sequel. The sufferers have uniformly appreciated the violence of their disease and the cares which have been bestowed upon them, and evince the most grateful feelings.

Insanity with suicidal propensity. This is a form of disease believed to be eminently common in this country. For reasons before intimated, patients with this propensity are early made inmates of an institution, from the difficulty and hazard attending their care elsewhere ; of course, they are almost all recoverable. If prevented from self-injury, they ordinarily have a slow and gradual recovery. One patient with us, who was always on the look out for means of effecting his design of self-destruction, recovered after a more than year's treatment.

In cases with this sad peculiarity, our dependence for the safety of the sufferer has been unremitted, vigilant watching. Where satisfactory evidence has been evinced that this act is meditated, we do not allow any apprehensions of its stimulating

the patient to renewed attempts on finding himself watched, to prevent this imperative duty from being fulfilled.

Hence in cases of this kind our reliance has been solely on such precaution. On many occasions and subjects, it will do to trust much to the veracity of those even much deranged. Pledges not to abuse privileges, to go out and return punctually, and the like, may be extended to a great degree. Indeed, they are safe to a far wider limit than it is expedient to grant them, on account of certain resulting evils connected with the patients' happiness and restoration, which are apt to more than compensate for such indulgences. But where the pledge would cover so all important and irretrievable a hazard as that of life, we have never trusted to it. The suicide's last act often is accompanied with false representations; his whole intent is not unfrequently accompanied with great sagacity in throwing the inexperienced and unskilled off their guard. I should not with my experience with the suicidal insane, pay the slightest regard to any promises which they might make touching this act. We have found, (a fact long since recognized,) that the manner and countenance of those meditating suicide have a characteristic expression, a recognition of which is of much importance.

Among the patients admitted during the last eight years, this dreadful accident can scarcely be said to have occurred. The only apparent exception to this remark is in an instance which occurred four or five years since, which has been before alluded to, in our Annual Reports; that which would ordinarily have been a mere suicidal attempt proved the cause of death, in an aged and exhausted sufferer.

I have less reluctance in referring to an experience so peculiarly gratifying, in view of the great number of suicidal patients who have been under treatment, as the principal credit of such safety is due to the respective supervisors of the wings, whose constant presence amongst their charge, and unremitted attention to the ever varying manifestations of disease, alone could have enabled me to report so long continued an immunity.

The form of insanity accompanied with *strong suspicions of*

personal injury threatened, of calumny experienced, of secret enemies and analogous hallucinations, and at the same time evincing but little aberration in the ordinary outward manner and conversation, has in the experience of most of our institutions, and I doubt not truly, been considered as a result of a depraved personal habit, as its originating or perpetuating cause. I have never seen any train of similar manifestations in but the one sex.

This type of disease is so peculiar that it, and its presumed cause, are most generally correctly recognized on the application to the Asylum for admission, and before the patient is seen. In fact, there is no other form of derangement in which friends so often consult and advise with the head of an institution, as to the expediency of the sufferer being admitted. They see such a preponderance of rational and natural conduct and conversation over the delusions and fancies of his mind,—he so often recognizes one set of recent delusions as being palpably absurd, wondering how he ever could have believed in them, while new trains are equally about to take possession of his mind—that they have many hesitations and doubts, whether so little disease ought to doom one, capable of feeling and judging so well, to the confinements and associations of an insane hospital. They delay and procrastinate action until some outbreak, some dangerous indications towards some individual, and that perhaps a stranger or one the least concerned or interested, makes it a matter of necessity, not of choice. The patient is then committed with the strong anticipation that so slight a degree of insanity can be readily and quickly removed. Vain hope! Experience shows just enough of recoveries in such cases to prevent absolute despair, and no more. Nay, more, the progress of the mind is universally downward; more than in any other form of disease it is difficult to sustain the sufferer's self-respect, and to make him tolerably comfortable. Ordinary motives fall powerless upon him. If the delusions are few, the disposition is sulky, mischievous and dangerous; if many, they are always irritating and distressing.

The hallucinations of these sufferers almost always run in a peculiar channel; spirits or evil disposed persons whisper through

flues and walls, or at the distance of miles, suggesting every thing which is outrageous and insulting; gases, and influences more ethereal, are scattered around them to render their existence wretched; nauseous matters are placed in their food, their sleep is wantonly disturbed by gross personal outrages, and the like. They are subject to be driven to fury, and commit acts of violence, if some particular person is fixed upon, as connected with their wrongs. They are also subject to impulsive acts of violence, where no delusion can be presumed to have prompted them, and where, indeed, the patient after the paroxysm has passed is unconscious of any delusion—he has committed the act of violence with no other explanation than that it crossed his mind to do it, and that simultaneously it was done.

It is wonderful how little the intellect is affected in such cases even where the disease has been of long duration. The strictly intellectual processes, as evinced in capacity to judge on common subjects, to learn abstruse branches, to write correctly and in method, to plead eloquently, may be scarcely palpably disturbed.

The physical health too, responds but little to the derangement of the nervous system. The vigor of body is maintained under immense physical excesses.

Motives act scarcely at all upon these sufferers, except fear; higher appeals are powerless.

In general, the happiest change for this unfortunate class, is when they sink into demency or fatuity. Their own sufferings and those of their friends rarely have any earlier quiet.

Insanity connected with the abuse of stimulants. The proportion of cases of mental derangement presumptively induced by intemperance, has never been so large as that reported from many institutions. And even in many of these, it has been found that the propensity to drink to excess, has been a symptom rather than a cause of disease. A certain degree and kind of nervous excitement appears almost uniformly to occasion a prodigious and irresistible thirst for stimulating drinks, opium and tobacco. The call for tobacco, indeed, appears to be an instinctive want in most forms of insanity.

Cases of periodical abuse of stimulants in individuals of usually correct and abstemious habits have long been recognized in every community. The patient, (for I have no doubt of this forming a true manifestation of disease,) goes often for months or years with entirely abstinent habits. He suddenly, as often explained by him, when recovered, experiences an intense degree of irritation in his system ; if previously a sufferer in this way, he recognizes his danger and attempts to resist ; it is beyond the power of the will ; he indulges, leaves his vocation, and is soon plunged into the depths of intoxication. With this addition to the previous flame of nervous excitement, a whole train of direful results follow ; in many respects not different from the ordinary effects of excessive drink, except being more uncontrollable ; evincing a more intense change of character, and more active perversity in wrong doing ; the victims are less impressible to appeals, to reason, interest or feeling ; in fact, many of their acts are too much out of character for even drunkenness to explain.

The patient is not usually long in recovering after being subjected to the restraints of an institution. It not unfrequently happens that after an experience of such attacks, he himself knows by his own internal sensations, when it will do to hazard a return to the world and to the temptations of stimulants.

A few cases of *delirium tremens* have been annually committed to our charge. They are not, of course, deemed proper objects for an institution like this ; but circumstances appear occasionally to render their admission imperative. They have uniformly recovered spontaneously, without the employment of medicinal agents.

The fact of *hereditary predisposition*, has been marked in a great number of our cases. There is, however, nothing like uniformity in the manifestations of disease, in the same family. They may be looked upon as affording a most favorable prospect as regards recovery, although the danger of a recurrence of attacks at periods of greater or less distance, is more probable than in cases recovered with no such predisposition. The reason of their justifying so favorable a prognostication, is doubtless based

on the circumstance that such diseases may be expected to be functional and not attended with any organic lesion.

That terrible complication of insanity turned *paralysie generale*, by the French, and of which general paralysis can scarce be deemed a synonyme, since the impairment of the nervo-muscular apparatus forms by no means a prominent symptom, as in ordinary paralytic affections, and indeed, for a period in the progress of the malady, scarcely an appreciable manifestation, is one which presents a large proportion of cases in the insane hospitals of Europe.

I have regarded it as a somewhat curious fact, that it is only within the last three years that this disease has been admitted to this institution. As late as my visit to Europe in 1840, it was unknown within our walls. Nor after seeing it so often manifested there, can I recall any case in our register which would at all meet its characteristics, rendering it certain that it was not overlooked.

Since that period, however, we have had abundant evidence that it is not a form of disease peculiar to other countries. I find that not less than twelve or fifteen well marked cases have been received, coinciding exactly in mental and physical manifestations with those I saw, and which are so graphically described by many English and continental authors.

The following description from Dr. Conolly's Report for 1840, comprises the essential characteristics of general paralysis:—

“Men in the prime of life, intelligent and of active habits, have perhaps sustained a single attack of paralysis; a slight impairment of the mind, a slight faltering in the speech, and a little infirmity in the gait, only discovered by those who look for it, are the most prominent symptoms. Yet in all these cases the death-blow is struck from the first. When the previous history of these cases can be obtained, it is usually found that certain changes of character and disposition preceded the paralytic attack. The individual who was before prudent in his conduct, has become extravagant and speculative; or after being lively and attentive to propriety of dress and behavior, has become dull,

slovenly, and occasional forgetful of decorum. These changes have gradually appeared for a year or two before disease has declared itself. After a little ebullition of discontent on being removed from their homes, they often become contented and even full of exciting hopes. Sometimes they are fretful, because they cannot carry into effect some project or speculation connected with their former pursuits. But a vague kind of happiness soon succeeds to this state. Their health, they say, was never so good, their mind never so clear, their prosperity never so secure. Fits of a convulsive character, sometimes decidedly epileptic, often supervene on this state; and each attack leaves the mind and body weaker, until a paroxysm more severe than common, proves fatal. When this is not the course of the disease, the mental excitement becomes more extreme, and after some continuance, ends in an obliteration of almost every faculty, in which state the patients' life may be prolonged for a considerable period."

The cases under my care have uniformly, with a single exception, been of the male sex, and in almost every instance in those, who have borne the long continued pressure of unusual business anxieties, either with or without reverses. The form of delusions has almost always borne reference to immense amounts of money, great power or some similar exaltation. No recovery has occurred among them.

In regard to the general mode of treatment which is expedient in mental disorders, I find the results of my own observation and experience so clearly and concisely detailed in a late Annual Report of the Middlesex Hospital at Hanwell, England, from its physician, Dr. Conolly, that I feel that I shall need no apology for extracting it.

"However desirous the medical attendant in a Lunatic Asylum may be to enlarge the resources of medical treatment, and to found his plan in each case on a clear view of some bodily derangement, to remove which, his well-reflected measures may be confidently directed, he will find in many examples that such clear indications do not present themselves. The pathology of

many of the cases, too, with all the light, that careful examination after death can throw upon it, remains obscure. Sometimes arising from disturbance of organs remote from the brain ; often from some direct moral impression or shock affecting the brain itself ; the first steps of the malady have left no trace, or have become undistinguishable amidst their effects. Morbid appearances, too general to warrant distinct conclusions, present themselves, in abundance, to the physician's observation ; and he becomes convinced that most of these are, like insanity itself, mere consequences of some anterior disturbance of the brain or nervous system ; probably imperceptible to the senses. Happily, however, it is found, in a great majority of cases, that the mere abstraction from ordinary stimuli, afforded by an Asylum, its ordinary arrangements, its wholesome regimen, and the contrast it affords to the scenes and circumstances in which the mind became deranged, prove remedial to an extent beyond expectation. In Asylums for the rich, the patients are removed from a thousand excitements ; and in Asylums for the poor, they are delivered from the daily contemplation of poverty and want. The pride of medical science is disconcerted by the reflection that mere medicine has had but a small part in the cure of many patients who leave an Asylum well. But the application of medical science is not limited in any disease to the administration of drugs, or the abstraction of blood ; and least of all in diseases of the nervous system. Hence it arises, that the general management of an Asylum, the regulation of the diet, the exercise, the hours of rest, the occupation, the amusements, the dress, and conduct, become of wide application and extreme importance. These matters, well arranged, become general medicines ; influencing the whole frame of body, and bringing it into a state in which the mysterious troubles of the brain have the best chance of becoming composed. In an Asylum containing at all times a large proportion of incurable lunatics, the influence of all these circumstances on the comfort, happiness, health, and longevity of these unfortunate beings, becomes scarcely second in importance to the care of those, who were not beyond hope."

Of the *forms of diseased mind*, which have been presented in the somewhat large number under my care, it is obvious that in our indiscriminate admission, every variety from the slightest mental ill balance, justifying involuntary detention, to the most frantic and furious, become inmates of the Asylum. A considerable proportion, often perhaps amounting to a majority of patients at any given period, or on their admission to its care, are not easily, if possibly, to be referred to either of the four great classes or types of insanity now much adopted, viz. ; mania, melancholia or depression, monomania, and demency, or loss of mental power. Extreme and marked cases of each of these forms will occur, easily referable to their particular genus, but the great mass of cases run into several or all these types in their manifestations, in multiform and ever varying complications, while some, like impulsive insanity or moral insanity, can scarcely be forced into either of these distinctions.

This classification appears to me unsound therefore, as respects the palpable characteristics or manifestations of insanity ; it also will not bear the test of accuracy as regards the cause of disease, or the pathological condition of the sufferer, since there is every reason to believe that the peculiar affection called insanity, whether the sequence of primary affection of the cerebro-spinal system, or merely the reflex action of more distant irritations upon that system, is a unit, and these forms are merely the changing external symptoms, often having scarcely a diurnal continuance, before passing from one to another. It is a division useless, as regards moral or medical treatment, for neither the moral nor the medical regimen would be determined by the name or class, to which a case might approach the nearest, irrespective of the indications presented in each individual constitution. It is also ambiguous as regards any facilities in conveying its character to another mind by description ; for example, a case often presents itself having all the external appearances of dementia or loss of mind, which yet speedily and wholly recovers ; of course, not being a true dementia, as its symptoms would indicate, but merely a form of mania resembling it. In

short, I see no more basis in truth and nature for this usual division of insanity, than there would be in dividing phthisis not genera, according as the cough was violent, moderate, or absent. In neither case, would the designation most approximated to the artificial scale, when fixed, assist in any degree in the prognosis, treatment, or explanation.

I have for many years noticed, that there are in actual observation, three great distinctions in the forms in which insanity presents itself, occasionally pure and unmixed, at other times complicated, alternating, and less capable of being analyzed. I know not that a classification on the basis of these manifestations would be any more philosophical or practical, than the ordinary mode; it certainly cannot be less so. In its relations to the educational management of the mental and moral faculties, and in its bearings upon the medical jurisprudence of insanity, I believe the division would be found of essential value. The necessary limits of a Report will allow but a glance at the subject.

1. A form of insanity affecting the intellect; when intense and exalted, constituting the excited state of mania; when less aggravated, appearing in delusions merely, in incoherence, or in imbecility. In a vast proportion of instances, the sufferers are equally removed from wild chaotic fury and imbecility, with feelings and moral sentiments still comparatively unimpaired, so as in a greater or less degree to be successfully appealed to; which in fact furnishes, in all institutions, the principle on which moral treatment is based.

2. Insanity not involving essentially the knowing faculties, as far as the conversation of the individual is concerned, but touching the moral sense mainly or exclusively; a form of disease recognized by all writers and practical guardians of the insane, since the ample developments of Rush and Pinel. The later writers of England and France, as Marc, Esquirol and Prichard, give descriptions and illustrations of *moral insanity*, which are graphic, and equally applicable on this side the water. The latter suggests the following definition: "*Moral insanity* or

madness, consists in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable *lesion of the intellect or knowing and reasoning faculties*, and particularly *without any maniacal hallucination*."

There is insanity of *conduct* but not of *conversation*; the person afflicted is capable of reasoning with correctness and energy upon premises not only false, but which they know to be false, and frequently display the greatest ingenuity in giving reasons for and explaining away their eccentric or unjustifiable conduct, and accounting for the change which they will admit, has occurred in the whole tone and temper of their dispositions and propensities.

It is a form of disease in which, perhaps, more than in any other, acts which, in a rational and responsible being would be crimes, are committed. It occurs, at times, as the sequel of violent attacks of mania,—it passes into decided mania or demency,—it alternates with intellectual derangements;—all which circumstances afford an adequate presumption of its being a genuine form of insanity.

3. Insanity consisting in deranged or perverted sensibilities.

It is no uncommon thing for those devoted to the treatment of the insane, to be consulted in cases, and to receive such as inmates of an institution, where both the understanding and the moral sense alike appear to be undisturbed. The sufferer is not only capable of discriminating intellectually the relations of things, but his will to act correctly and conscientiously is unaffected. The disease consists in an unaccountable and not easily described nervous distress, amounting at times to agony; he is intolerably miserable, yet cannot tell why, or give any clear account of what his suffering is concerning; he has no delusions, but vague and indefinite fears and apprehensions of future ill; all is dark, gloomy and hopeless before him, nor has he slightest trust in ever seeing a brighter day; he is in utter despair, yet when his mind is exerted on common topics, its operations are natural, and his acts, although reluctantly entered upon, are performed as well as ever.

Suicidal propensity is no unusual concomitant of this terrible state of feeling.

This form of disease almost invariably is periodical ; the intermediate interval between its paroxysms, often extending to the length of years, and being filled with a gay, active, and useful life. It is peculiarly apt to occur in those who have had few real troubles and anxieties. The counsels and prescriptions of friends and physicians, anxious to relieve so dread a malady, persuade the sufferer to hope and perhaps to believe, even against the evidence of his own judgment, that it is his digestive apparatus which is responsible for his misery. This train of reasoning, together with the dietetic regimen and medicinal agents prescribed, may complicate the previous symptoms of the patient with hypochondriasis. This is probably a consequent and resulting symptom, not an original one ; no early difficulty in the assimilative system is usually appreciable. The whole trouble is in the mysterious functions of the nervous system. The treatment most, if not exclusively, efficient, is moral regimen, and this especially in substituting a real evil for the indefinite, intangible misery of the patient's mind. The restraints, discipline, and interdiction from friends of an Asylum or of a sea voyage, are pretty sure to effect a recovery from this truly distressing affliction.

Another illustration of this form of sensitive disease may be mentioned, which has repeatedly come under our care. A sudden antipathy occurs from an affectionate wife toward her husband. Inordinate attachment apparently subverts the very power of loving ; the lately idolized object becomes hateful and abhorrent ; no reason exists or is pretended ; the conscientious victim of this form of disease can give no explanation ; is filled with self-reproach for ingratitude ; reason attempts to coerce the feelings into a sound and natural train, but in vain. Dislike, antipathy, abhorrence, has firmly and causelessly replaced kindness, interest, and affection. No religious impressions, no persuasions of friends, no appliances of suasion, reproof, or argument, have the slightest effect. It is a *diseased feeling*, with neither aberration of the understanding, nor of the moral sensibilities ; it is suc-

cessfully treated as any other form of mental disorder, and on the same principles.

The *heart* or affective system over-exerted, over-tasked, and thus broken down under its own undue operations, requires repose, diversion of feelings, different interests, to allow it to repair the damage, as does the *head* or intellectual portion.

In regard to *moral insanity*, I am aware that our legal tribunals can hardly be considered as giving an assent to its actual existence ; they seem to conceive that any and all definitions of it, make wrong acts perpetrated by its victims, as neither more or less than crime. To any one who has had occasion to analyze the views, which legal tribunals take of the whole relations of other forms of insanity, their opinions on this will scarce leave any presumption against its veritable existence. What might have been the original basis of the English common law doctrines in relation to insanity, and the responsibilities of impaired mind, it is difficult now to conjecture. It is obvious, that the earliest opinions were formed without much reference to the actual facts ; they appear rather to have been the ingenious closet speculations of scholars over works of ancient metaphysics, than of practical observers, or of those even who had availed themselves of the opinions of men who had been accustomed to watch the operations of diseased mind. Having formed this stable foundation of the doctrines of insanity, it has been peculiarly sacred to the legal maxim of *stare decisis* ; a sovereign contempt has been evinced for the labors of those who have had the duty of developing the progress of science, and recording the accumulation of facts in regard to insanity. The courts have had little respect for the books of modern science, as being works merely designed to prescribe what the law should be, and not what it is. The doctrines of our courts, instead of being modified by the advances of science, are still, to our day, fixed under the decisions of men whose standards, and tests, and criterions of what constitutes responsibility for acts, will be presently exhibited. Under such adjudications, it is not uncharitable to say that the history of the medical jurisprudence of insanity is, and will ever

continue to be under ancient decisions, a history of the shedding of innocent blood—of judicial murders.

One in reading the strange notions laid down as principles of law by the learned and upright judges and lawyers of England—the Hales, Cokes, Traceys, Gibbises, Mansfields, and Erskines, cannot but feel that if these eminent men had but condescended to leave their dignified seats on the bench, and passed a few hours amongst the inmates of Bethleam or St. Luke's, they could not have fallen into such absurd and mischievous doctrines, as they avowed and which to so great a degree are still the law of that and our land.

For example, the doctrine of Lord Coke and Sir Matthew Hale, as laid down by Erskine, is: "to protect a man from criminal responsibility there must be a *total deprivation of memory and understanding*."

Mr. Justice Tracey in 1723, laid down as his criterion of responsibility of the insane: "it must be a man, that is totally deprived of his understanding and his memory, and doth not know what he is doing, no more than an infant, than a brute, or a wild beast; such a one is never the object of punishment." It might be added that such a one was probably never brought before a court for a trial, nor ever will be. Entire fatuity would alone come under this definition, and inactive, vegetative vacuity of mind can scarce be imagined to do an act, likely to injure the life and limbs of others. Probably under a strict application of this principle, one per cent. of all lunatics confined in hospitals might be successfully defended.

The next test in establishing the Procrustean bed for measuring responsibility, was the ability on the part of the lunatic of *distinguishing right from wrong*, a criterion which would exempt from the legal consequences of their acts, in the opinion of such intelligent guardians of the insane as I have asked the question, certainly not above ten per cent. of their patients—and of those "so furiously mad as to be manifestly dangerous to be at large," (the terms provided by our statute for commision to the State Lunatic Hospital,) probably not half that proportion. Sir Vicary Gibbs, Attorney General of England in 1810, thus lays down

this principle. "I say this upon the authority of the first sages in this country, and upon the authority of the established law in all times, which law has never been questioned that, although a man be incapable of conducting his own affairs, he may still be answerable for his criminal acts, *if he possess a mind capable of distinguishing right from wrong.*" Which test was thus endorsed by Lord Mansfield: "There was a third species of insanity, in which the patient fancied the existence of injury, and sought an opportunity of gratifying revenge by some hostile act. If such a person were capable, in other respects, of distinguishing *right from wrong*, there was no excuse for any act of atrocity which he might commit under this description of derangement."

It is worth while to mention that *under this rule*, in the very case where this test is so decidedly and confidently propounded, a man, whom nobody now doubts to have been a perfect lunatic, committed his homicidal act on the eleventh day of May, 1811, was tried, convicted, sentenced, executed, and his body placed on the dissecting table on the eighteenth—all within a week! The rule is still set forth to juries as their light-house to guide them in their search for truth! occasionally modified of late by additional definitory tests, but this one always deemed as settled.

The recent adjudication of the English judges, upon the requisition of the House of Lords, in the words of Chief Justice Tindal, appears to go no farther than the ancient decisions referred to, unless the recognition of a possible loophole of retreat in the suggestion that the inquiry into the prisoner's ability to distinguish right from wrong, "is not so accurate, when put generally and in the abstract, as when put with reference to the party's knowledge of right and wrong in respect to the very act with which he is charged," be so considered. The essence of this opinion is, "that to establish a defence on the ground of insanity, it must be clearly proved, that, at the time of committing the act, the party accused was laboring under such a defect of reason from a defect of mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know what he was doing was wrong."

The late fixing of the English law, which in cases just previous had been vibrating, occasionally recognizing delusion and even motiveless impulse as true defences, is perhaps somewhat extraordinary, as a portion of these same judges in the very case which formed the occasion of this opinion being called for, decided on principles directly the reverse of this solemn decision.

In that case, (the well known one of McNaghten,) there was no pretence that the prisoner had not the full possession of his memory and understanding, that he did not recognize fully the nature of right and wrong in the abstract, and no evidence that he did not know this distinction in relation *to the very act for which he was tried and acquitted.*

The test of the presence of *delusions* and the criminal act directly connected with and resulting from the delusions, was an apparent step towards the truth. It was a step which does not go far enough ; it does not reach a long list of cases which every book on insanity details, and which every guardian of the insane sees, where the individual may be chaotically mad, yet without delusion ; cases, analogous to that state of mind produced by and manifested in intoxication, where the whole passions are running into wild confusion, yet not one false idea which could be tortured into delusion. Still less does such a definition touch those cases where, under a sudden unaccountable impulse, the mother kills her own infant, and months afterward only becomes conscious of her act ; still less will it comprise the cases of moral insanity, of motiveless propensities to kill for the mere craving for the act ; to steal irrespective of the value of the thing taken or its use, and the like, of which illustrations exist within almost every one's own knowledge, and which no one unprejudiced can doubt are cases free from moral responsibility, whatever the rules of law may determine.

Space will not permit more than an allusion to the strange inconsistencies and absurdities of the English law in relation to *degrees* of insanity, and the *connexion* of the insane ideas with the act which is the subject of investigation. From the test of Justice Tracey, that to exempt from criminal responsibility, the

patient should know absolutely nothing, to that of a later tribunal, where ability to repeat the multiplication-table was gravely considered as the exact point in a civil case, the doctrines and decisions have been amusingly strange and inconsistent. Even cunning, foresight, calculation, all possessed occasionally in a wonderful degree by the most insane patients of every hospital, have been regularly decided by the highest English tribunals, to contraindicate the existence of that degree of alienation which implies criminal irresponsibility !

If there has been comparatively but little innocent blood shed of late years under these fixed, unyielding adhesions to antiquated notions, (notions as repulsive to modern facts and deductions of science, as if the chemistry of those ages when only four elements, fire, air, earth and water were recognized, should be the ruling authority in a case of poisoning by arsenic,) it has been because juries, directly or indirectly, have revolted from these monstrosities of the common law. They have in many cases, would I could say in all, allowed common understanding and common sensibilities to prevail over tests, at the application of which the mind shudders.

It may be a consolation and an encouragement to juries, in faithfully following out their own sincere convictions upon the *law* and evidence in such cases, to know, that in a pretty diligent inquiry as to the event of every case of homicide in New England, where the accused has had the defence of insanity "set up" for him, and been acquitted on that ground, it has been found that not a single instance has occurred, where the progress of time has not abundantly verified the soundness of the defence ; a fact which ought forever to silence the thoughtless, but perhaps not inconsequential intimations always presented in such cases, that insanity is "set up" as the last resort of a desperate defence. Even should it happen that the subsequent history of an individual acquitted should afford no verification of the fact of insanity, it would prove nothing against the soundness of a verdict. Cases of *transitory* insanity are sufficiently numerous. Whoever chooses to test the soundness of the opposite verdicts, or look for

cases of unequivocal insanity sent to the gallows, or saved therefrom by executive clemency, shall not find his labor vain.

After floundering through all the mists, and doubts, and inconsistencies of our own jurisprudence of insanity, how beautifully clear, just and humane does the simple principle of the French code commend itself to the understanding and the feelings. "Art. 64. Il n'y a ni crime ni délit lorsque le prevenu était en état de demence au temps de l'action." There is neither crime nor fault when the accused, at the period of the act, was in a state of insanity. In the State of New York in criminal cases, this principle is laid down with equal broadness and directness. "No act done by a person in a state of insanity can be punished as an offence, and no insane person can be tried and sentenced to any punishment or punished for any crime or offence committed in that state."*

These sound doctrines are based on a great truth, which eventually will secure their adoption into the code of every enlightened and humane people. This truth is, that where there is a palpable degree of insanity manifested in an individual, however limited may be its apparent extent, there is such a strong probability of there being a much greater lesion of the mind than is outwardly manifested, that there is always imminent danger that an irresponsible agent will be sacrificed, if it is attempted to decide upon the exact condition and boundaries of the disease. In my own observation of even those considered as the purest cases of monomania, I have found on being domiciliated with them, and admitted into those recesses of thought and feeling, of which the world, uninterested as it is in the information, can know little or nothing, that there is uniformly so much general aberration of mind, so much more disease than is shown on the surface, as long since to induce the belief, that no such form of insanity, as that monomania which is so often described, and

* In Livingston's Penal Code for Louisiana, the provision is almost in the same words. In several of the German States, where the medical jurisprudence of insanity has been thoroughly and philosophically investigated, the law is the same.

referred to in books, delusions confined to one topic while the rest of the mind is unimpaired, exists in nature. This too, is not only true as regards monomaniac alienations, but the various partial and less obvious forms of insanity, in which, as regards at least criminal responsibility, the only safe rule is, if insane at all, the subjects are irresponsible in all things. If it be a rule of law alike merciful and just, that many guilty had better escape, than that one innocent should be punished, let it be applied here, where the whole history of jurisprudence will show, that many innocent have been punished for the direst calamity of Providence, while, as before suggested, scarce an instance of a guilty man escaping on this plea can be found.

What, it may be asked, shall insane men possessing the sagacity, the calculation, the forethought which it is alleged they do often manifest, and so capable of being influenced by motives as the experience of institutions shows them to be, shall such understand that they alone are to be deemed to have immunity against the consequence of their evil acts? What is to prevent such from reasoning in regard to homicide and graver crimes, as we know they do on lesser matters, that they can do what they choose, and fall back upon their admitted insanity as an excuse and exemption from punishment?

Happily in these days of abundant provision for the insane, the reply to this interrogatory is plain and conclusive. A lunatic capable of making such calculations, would not fail also to see that if not liable to punishment as a felon, that there was before him an immurement for life, or for a long series of years within the bounds of an insane hospital, sufficiently abhorrent, and the fear of which would be controlling, if motives and reasons controlled at all.

It is only by the general adoption of some statutory provision equivalent to the 64th Article of the French code, or the statute of New York, that an end can be put to the groping and floundering of our courts and their functionaries after that test, or standard, or criterion, which would at once decide the degree of insanity, which should preclude responsibility. That standard

does not exist in nature ; if such a line of universal application is to be drawn, it must be a wholly artificial line, and will accomplish the ends of truth and justice, just as well as a test to define the exact moral character of an act, irrespective of motives and circumstances.

Next to the sound and merciful rule, that insanity renders men not amenable to punishment, while at the same time it involves the necessity of the public and themselves being protected in future from their acts, it is important to arrive at the best means of determining the fact of insanity. Here the long adjudications of the English law afford us no aid. That definition has not yet been constructed, which in a few words shall comprise a hundred manifestations of disease. There is yet no sentence so compact and yet so complete, as to combine the ideas ordinarily requiring a volume to communicate. Insanity in its nicer forms can only be determined by a long continued, patient inquiry into multitudinous circumstances and manifestations, by competent and experienced men. How shall this investigation be made so as best to promote the ends of justice ?

In France, the course is this ; after the commission of an act, which, if the perpetrator be responsible, is criminal, the accused, suspected of insanity, is subjected by legal process, to the examination of a commission composed of the Pinels, the Marcs, the Esquirols, of the day. Upon them rests the awful responsibility of determining the state of the mind of the accused, as to the one fact of insanity ; they approach him at all times, they watch his actions in his presence and without his knowledge ; his habits, his sleeping and waking hours, his physical condition, every thing in fact which can throw light upon the momentous question, passes under slow, persevering scientific investigation. Under the responsibility of reputations as precious to them as those of the highest court, and under the sanction of an oath, they arrive at conclusions, and present their reasons for such conclusions, which form one, not the exclusive, element for a court and jury to arrive at a just judgment.

How are the facts, elucidating the state of a prisoner's mind after a doubtful act, ascertained with us? The functions devolving in France upon the bright professional luminaries such as I have named, here fall upon the gaoler, the constables, and the turnkeys. *Experts* may on the day of final trial be summoned in, to give their opinions on testimony derived from such sources as this! No provision exists for any investigation beyond the *volunteer* aid, which such an ungracious task will rarely secure. The moment for investigating the perhaps fleeting manifestations and evidences of disease passes, before the law makes the least advances for the prisoner's protection. I have even known the instance of a professional man whose life was spent among the insane, and who, moved solely by humane feeling had visited in prison a friendless wretch whose homicidal act was feared from circumstances, to be the result of insanity, being held up and vilified to a jury by a government functionary, for his *officious* intermeddling in matters in which he had no concern!

In closing this subject, I cannot refrain from the expression of my full conviction that the law of insanity cannot much longer remain in New England, under the mists and darkness of another age.

I feel that no apology can be needed for the expression of these considerations, in view of the fact that in the course of Providence it can happen to but few in the profession, to have the care of, and intercommunication with, many cases of mind diseased, and thus situated, such are bound to present occasionally the results of their experience when it has become extended, whatever it may be, or whatever weight it may justly possess, fearlessly and openly.

LUTHER V. BELL,

Physician and Superintendent.

*Mc Lean Asylum for the Insane,
Somerville, Jan. 1, 1844.*

TABLE

*Of Admissions and Results at the Mc Lean Asylum
from its opening.*

Year.	Admitted.	Discharged.	Whole No. under care.	Unfit.	Eloped.	Dead.	Not improved.	Improved.	Much improved.	Recovered.	Remaining at end of year.
1818											
1819	58	35	58	1	0	5	5	9	4	11	23
1820	44	40	67	1	4	1	11	8	4	11	27
1821	47	46	74	1	2	3	10	8	12	10	28
1822	64	50	92	0	0	5	17	8	6	14	42
1823	73	61	115	1	2	2	19	11	6	20	54
1824	53	56	107	0	1	5	14	5	8	23	51
1825	59	56	110	2	4	8	8	3	10	21	54
1826	47	46	101	0	1	5	14	5	1	20	55
1827	58	56	113	1	0	5	6	2	8	34	57
1828	77	65	134	3	0	5	12	12	10	23	69
1829	73	77	142	1	1	9	19	12	9	26	65
1830	82	78	147	0	2	10	6	8	18	34	69
1831	83	84	152	0	2	8	16	15	13	30	68
1832	94	98	162	1	0	10	14	9	21	43	64
1833	103	100	167	0	2	8	10	25	13	42	67
1834	107	95	174	0	0	7	6	15	26	41	80
1835	83	84	163	1	0	11	7	11	9	45	77
1836	106	112	183	0	0	10	24	5	9	64	71
1837	120	105	191	3	0	8	8	4	10	72	86
1838	138	131	224	2	0	12	13	7	23	74	93
1839	132	117	225	3	0	10	13	11	11	69	108
1840	155	138	263	0	0	13	18	20	12	75	125
1841	157	141	283	2	0	11	29	13	11	75	142
1842	129	138	271	3	0	15	20	12	8	80	133
1843	127	126	260	5	0	18	15	17	8	63	134
	2269	2135		31	21	204	314	255	270	1020	

REPORT

OF THE

STEWARD OF THE Mc LEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1843.

The following are the balances of the several accounts :

Stores,		\$9,267 10
Fuel,		1,043 13
Stationary,		21 40
Wages,		4,585 11
Medicine,		174 51
Contingencies,		711 05
Furniture,		995 52
Repairs,		1,304 32
Improvements,		1,085 00
Diversions,		617 48
Abatement,		506 63
Library,		36 51
		<hr/>
Deduct Farm, Garden, &c.	1,283 58	\$20,347 76
Abatement, .	506 63	1,790 21
		<hr/>
		\$18,557 55
Add salaries,		3,700 00
		<hr/>
		\$22,257 55

COLUMBUS TYLER, *Steward.*

*Mc Lean Asylum,
Somerville, Jan. 1, 1844.*

APPENDIX.

DIRECTIONS FOR THE ADMISSION OF PATIENTS.

Applications for admission of patients to the Mc Lean Asylum for the Insane, may be made to either of the Trustees of the Massachusetts General Hospital, or to Dr. BELL, Physician and Superintendent, at the Asylum in Somerville, a mile and a half from the City of Boston. If the application is made by letter, it should be directed to him through the Post Office at East Cambridge, Mass.

By a recent vote of the Trustees, the lowest rate for patients, without reference to the fact whether they are or are not residents of Massachusetts, is fixed at three dollars per week. Where the pecuniary ability is such as to make a higher rate fair and equitable, it is proportionably increased.

The blank forms requisite for admission will be furnished on application as above. They consist of a certificate from a regular physician that the patient is insane, a request for admission signed by the nearest relative or guardian, a bond with conditions to pay the rate fixed, to remove the patient when discharged, &c. &c., to be signed by one responsible person as principal, and another as guarantee. Evidence of such responsibility from strangers is expected.

Patients are not received for a shorter period than three months, unless sooner recovered, in which event they are charged only for actual residence.

It is also considered as a part of the covenant, that patients are to be visited only at the discretion of the Superintendent. This understanding is based on the fact always recognized in all institutions, that visits of friends occasionally do great mischief to curable patients, and if repeated at pleasure, destroy all chance of recovery. In regard to patients whose residence is merely custodial, there is never any refusal to their being visited by near friends or such other persons, as can with propriety, desire to do so.

As the Asylum cannot possibly accommodate more than from one hundred and thirty-five to one hundred and forty patients, and its average numbers for some years have been nearly this, it is desirable that some notice should be given of the intention to place patients under its care previous to their being sent from home. This, however, is not necessary, as regards patients recently seized, where every week's delay is of high importance.

By a regulation of the Trustees, no visits to the Asylum are permitted on Sundays. It would also be a great convenience to the Superintendent, if calls to see and inquire respecting patients were made, as far as practicable, on the afternoons of Wednesday and Saturday.

OFFICERS OF THE INSTITUTION. 1844.

WILLIAM APPLETON, *President.*
JONATHAN PHILLIPS, *Vice-President.*
HENRY ANDREWS, *Treasurer.*
MARCUS MORTON, JR., *Secretary.*

TRUSTEES.

CHARLES AMORY,	<i>Over New England Bank.</i>
WILLIAM T. ANDREWS,	<i>No. 10 Central Court.</i>
NATHANIEL I. BOWDITCH,	<i>Over Suffolk Bank.</i>
GEORGE M. DEXTER,	<i>No. 11½ Tremont Row.</i>
HENRY EDWARDS,	<i>No. 50 Milk Street.</i>
ROBERT HOOPER,	<i>No. 39 Commercial Wharf.</i>
THOMAS LAMB,	<i>Washington Ins. Co. State Street.</i>
FRANCIS C. LOWELL,	<i>T. A. Dexter's Office 28 State St.</i>
JOHN A. LOWELL,	<i>No. 3 Oliver Street.</i>
HENRY B. ROGERS,	<i>No. 39 Court Street.</i>
CHARLES S. STORROW,	<i>Lowell Rail Road Depot.</i>
EDWARD WIGGLESWORTH,	<i>No. 16 India Wharf.</i>

Consulting Physicians.

JAMES JACKSON, M. D. GEORGE C. SHATTUCK, M. D. JOHN
HOMANS, M. D. JOSEPH ROBY, M. D.

Consulting Surgeons.

JOHN JEFFRIES, M. D. ABEL L. PEIRSON, M. D. EDWARD
REYNOLDS, M. D. OLIVER W. HOLMES, M. D.

Officers of the Hospital.

JOHN M. GOODWIN, *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN B. S. JACKSON, M. D.

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

SOLOMON D. TOWNSEND, M. D.

} *Visiting Physicians.*

} *Visiting Surgeons.*

HENRY I. BOWDITCH, M. D. *Assistant Physician.*

JOHN FRAZIER HEAD, *House Physician.*

WILLIAM E. TOWNSEND, *House Surgeon.*

CHARLES K. WHIPPLE, *Apothecary.*

Officers of the Mc Lean Asylum.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

CHAUNCEY BOOTH, JR. M. D. *Assist. Physician and Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1844 - 5.

February,	Messrs. AMORY and F. C. LOWELL.
March,	“ F. C. and J. A. LOWELL.
April,	“ J. A. LOWELL and BOWDITCH.
May,	“ BOWDITCH and HOOPER.
June,	“ HOOPER and ROGERS.
July,	“ ROGERS and ANDREWS.
August,	“ ANDREWS and LAMB.
September,	“ LAMB and STORROW.
October,	“ STORROW and EDWARDS.
November,	“ EDWARDS and WIGGLESWORTH.
December,	“ WIGGLESWORTH and DEXTER.
January,	“ DEXTER and AMORY.